

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814
(916) 445-7046



March 26, 1982

ALL-COUNTY LETTER NO. 82-26

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY AUDITORS
ALL COUNTY FISCAL OFFICERS

SUBJECT: CLAIMING INSTRUCTIONS FOR THE TIME-ELIGIBLE REFUGEES AND ENTRANTS IN
RECEIPT OF GENERAL ASSISTANCE, FOR UNACCOMPANIED CHILDREN IN RECEIPT
OF REFUGEE CASH ASSISTANCE (RCA) AND TIME STUDY INSTRUCTIONS

REFERENCE: ALL-COUNTY LETTER NO. 82-24

As indicated in the telegrams of November 24, 1981, January 8 and 22, 1982, from the Office of Refugee Services, amended federal Refugee Resettlement Program (RRP) and Cuban/Haitian Entrant Program (CHEP) regulations (45 CFR Parts 400 and 401) will be effective April 1, 1982. These amended regulations provide for 100 percent federal reimbursement of RCA and Entrant Cash Assistance (ECA) paid at the AFDC level to refugees and entrants for only their first 18 months in the United States (U.S.). During the second 18 months after their arrival in the U.S., federal reimbursement for aid paid under County Welfare Department (CWD) general assistance programs may be claimed subject to the availability of funds.

The purpose of this letter is to provide claiming instructions for:

- A. Refugees and entrants who, during their second 18 months, are aided under requirements of the General Assistance (GA) Program in your county.
- B. Unaccompanied refugee children in receipt of RCA.
- C. Refugee and Entrant Time Study Instructions.

Assistance expenditures claiming instructions for refugees/entrants in receipt of RCA/ECA during their first 18 months remain unchanged.

CWD General Assistance Program

Form No. DFA 859 has been designed to claim 100 percent federal reimbursement of county GA funds paid to refugees and entrants during their second 18 months in this country. The suggested codes for identifying these refugees and entrants on your GA payroll are listed below. The suggested codes may be substituted by county codes if the county's payroll defines the code used.

Refugees from Cambodia, Laos and Vietnam ..	IR
Other refugees	OR
Cuban/Haitian entrants	CH

One original Form No. DFA 859 and substantiating payroll must be submitted when claiming reimbursement for refugees, and a separate original Form No. DFA 859 and substantiating payroll must be submitted when claiming reimbursement for entrants. The substantiating payrolls must be submitted in accordance with Fiscal Handbook Section 25-750.

Unaccompanied Refugee Children

Form No. DFA 846, Summary Report of Assistance Expenditures for the RCA Program has been revised to provide for separate line item claiming of person counts and expenditures for unaccompanied refugee children in receipt of RCA. This change was necessitated by federal changes to state financial reporting forms.

Administrative Time Reporting

For time study purposes, the Refugee Resettlement and Cuban/Haitian Entrant Programs (RRP/CHEP) on the DFA 43 have been expanded to include the following additional activities:

1. RRP/CHEP - Medical Assistance

All time spent performing eligibility determinations and grant maintenance activities for refugees/entrants for the Medically Needy Only (MNO) and Medically Indigent (MI) Programs should be charged to lines H or L. Time spent on refugees/entrants classified as MI during their second 18 months residency should also be charged to these lines.

2. RRP/CHEP - AFDC

All time spent performing eligibility determinations and grant maintenance activities for refugees/entrants for the Aid to Families with Dependent Children (AFDC) Program should be charged to lines I or M.

3. RRP/CHEP - NON-AFDC

All time spent performing eligibility determinations and grant maintenance activities for refugees/entrants ineligible for AFDC during their first 18 months of residency should be charged to lines J or N.

4. RRP/CHEP - General Relief

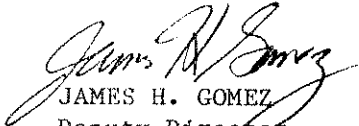
All time spent performing eligibility determination and grant maintenance activities for refugees/entrants receiving County General Assistance during their second 18 months of residency should be charged to lines K or O.

An initial supply of Form No. DFA 859 and of the revised Form No. DFA 846 has been sent to you. The revised Form DFA 43 will be sent to you under separate cover. Claims shall be submitted to:

State Department of Social Services
744 P Street, M.S. 19-15
Sacramento, California 95814

Any questions should be referred to Willa Wallen (Assistance) or Nina Holman (Administration) at (916) 445-7046 or ATSS (8) 485-7046.

Sincerely,



JAMES H. GOMEZ
Deputy Director
Administration

cc: CWDA